

SOUTHMAYD & MILLER

EB 7
1220 Nineteenth Street, N.W.
Suite 400
Washington D.C. 20036
Telephone (202) 331-4100
Telecopier (202) 331-4123

September 30, 1997

RECEIVED

SEP 30 1997

VIA HAND DELIVERY

Mr. William F. Caton
Acting Secretary
Federal Communications Commission
1919 M Street, N.W., Room 222
Washington, D.C. 20554

FEDERAL COMMUNICATIONS COMMISSION
OFFICE OF THE SECRETARY

Re: K285EF
Kenai, AK

Dear Mr. Caton;

On behalf of Peninsula Communications, Inc., there is transmitted herewith, in triplicate, an FCC Form 303-S Application For Renewal of License for the above-referenced FM translator station.

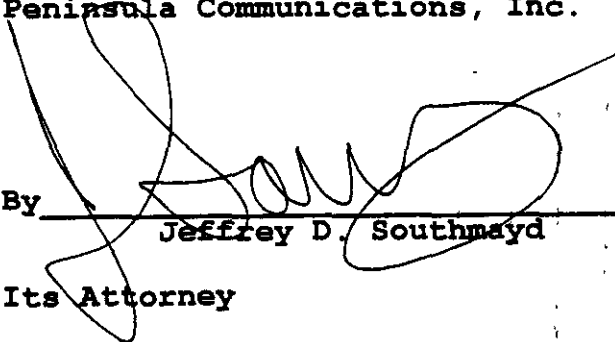
No processing fee accompanies this application due to the fact a renewal application was filed for this FM translator in connection with the December 1, 1995 license renewal window.

Please contact the undersigned should you have any questions regarding this matter.

Very truly yours,

Peninsula Communications, Inc.

By


Jeffrey D. Southmayd

Its Attorney

Enclosures

FOR
FCC
USE
ONLY

FCC 303-S
APPLICATION FOR
RENEWAL OF LICENSE
FOR AM, FM, TV,
TRANSLATOR OR
LPTV STATION

FOR COMMISSION USE ONLY

FILE NO.

112-788

AM, FM and TV APPLICANTS MUST COMPLETE AND SUBMIT SECTIONS I, II, III AND V ONLY.

FM TRANSLATOR, TV TRANSLATOR and LPTV APPLICANTS MUST COMPLETE AND SUBMIT SECTIONS I, II, IV AND V ONLY.

IF APPLICATION IS FOR RENEWAL OF LICENSES FOR BOTH A PRIMARY STATION and A CO-OWNED TRANSLATOR WHICH REBROADCASTS THE PRIMARY STATION'S SIGNAL, APPLICANT MUST COMPLETE AND SUBMIT SECTIONS I, II, III, IV AND V.

SECTION I (FEE INFORMATION) - TO BE COMPLETED BY ALL APPLICANTS

1. PAYOR NAME (Last, First, Middle Initial) <div style="text-align: center; font-weight: bold;">PENINSULA COMMUNICATIONS, INC.</div>			RECEIVED	
MAILING ADDRESS (Line 1) (Maximum 35 characters) P. O. BOX 109			SEP 30 1997	
MAILING ADDRESS (Line 2) (Maximum 35 characters)			FEDERAL COMMUNICATIONS COMMISSION OFFICE OF THE SECRETARY	
CITY HOMER	STATE OR COUNTRY (if foreign address) ALASKA	ZIP CODE 99603-0109		
TELEPHONE NUMBER (include area code) (907) 235-6000	CALL LETTERS K285EF	OTHER FCC IDENTIFIER (IF APPLICABLE)		
2. A. Is a fee submitted with this application? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
B. If No, indicate reason for fee exemption (see 47 C.F.R. Section 1.1112):				
<input type="checkbox"/> Governmental Entity <input type="checkbox"/> Noncommercial educational licensee <input checked="" type="checkbox"/> Other (Please explain): FCC will waive filing fee because second renewal is within 26 months.				
C. If Yes, provide the following information:				
Enter in Column (A) the correct Fee Type Code for the service you are applying for. Fee Type Codes may be found in the "Mass Media Services Fee Filing Guide." Column (B) lists the Fee Multiple applicable for this application. Enter in Column (C) the result obtained from multiplying the value of the Fee Type Code in Column (A) by the number listed in Column (B).				
(A)	(B)	(C)		
FEE TYPE CODE	FEE MULTIPLE (if required)	FEE DUE FOR FEE TYPE CODE IN COLUMN (A)	FOR FCC USE ONLY	
(1) <table border="1" style="width: 100px; height: 30px; border-collapse: collapse;"></table>	<table border="1" style="width: 100px; height: 30px; border-collapse: collapse;"></table>	\$ <table border="1" style="width: 150px; height: 30px; border-collapse: collapse;"></table>	<table border="1" style="width: 150px; height: 30px; border-collapse: collapse;"></table>	
To be used only when you are requesting concurrent actions which result in a requirement to list more than one Fee Type Code.				
(A)	(B)	(C)		
FEE TYPE CODE	FEE MULTIPLE (if required)	FEE DUE FOR FEE TYPE CODE IN COLUMN (A)	FOR FCC USE ONLY	
(2) <table border="1" style="width: 100px; height: 30px; border-collapse: collapse;"></table>	<table border="1" style="width: 100px; height: 30px; border-collapse: collapse;"></table>	\$ <table border="1" style="width: 150px; height: 30px; border-collapse: collapse;"></table>	<table border="1" style="width: 150px; height: 30px; border-collapse: collapse;"></table>	
ADD ALL AMOUNTS SHOWN IN COLUMN C, LINES (1) AND (2), AND ENTER THE TOTAL HERE. THIS AMOUNT SHOULD EQUAL YOUR ENCLOSED REMITTANCE.			TOTAL AMOUNT REMITTED WITH THIS APPLICATION	
			\$ <table border="1" style="width: 150px; height: 30px; border-collapse: collapse;"></table>	FOR FCC USE ONLY

1. NAME OF LICENSEE OF AM, FM OR TV STATION		NAME OF LICENSEE OF FM OR TV TRANSLATOR OR LOW POWER TV STATION	
		PENINSULA COMMUNICATIONS, INC.	
MAILING ADDRESS			
P. O. BOX 109			
CITY		STATE	ZIP CODE
HOMER		ALASKA	99603-0109

2. This application is for: ☐ Commercial ☐ Noncommercial

(a) ☐ AM ☐ FM ☐ TV

Call Letters	Community of License	
	City	State

(b) ☒ FM Translator ☐ TV Translator ☐ Low Power TV

Call Letters	Area Licensed to Serve	
	City	State
K285EF	KENAI	ALASKA

Call Letters	Area Licensed to Serve	
	City	State

3. Attach as an Exhibit an identification of any FM booster or TV booster station for which renewal of license is also requested.

Exhibit No.

4. Is the applicant in compliance with the provisions of Section 310 of the Communications Act of 1934, as amended, relating to interests of aliens and foreign governments?

☒ Yes ☐ No

If No, attach as an Exhibit an explanation.

Exhibit No.

5. Since the filing of the applicant's last renewal application or any other application for the subject station(s), has an adverse finding been made or final action been taken by any court or administrative body with respect to the applicant or parties to the application in a civil or criminal proceeding, brought under the provisions of any law relating to the following: any felony; mass media related antitrust or unfair competition; fraudulent statements to another governmental unit; or discrimination?

☐ Yes ☒ No

If the answer is Yes, attach as an Exhibit a full disclosure concerning the persons and matters involved, including an identification of the court or administrative body and the proceeding (by dates and file numbers), and the disposition of the litigation. Where the requisite information has been earlier disclosed in connection with another application or as required by 47 U.S.C. Section 1.65(c), the applicant need only provide: (i) an identification of that previous submission by reference to the file number in the case of an application, the call letters of the station regarding which the application or Section 1.65 information was filed, and the date of filing; and (ii) the disposition of the previously reported matter.

Exhibit No.

6. Would a Commission grant of this application come within 47 C.F.R. Section 1.1307, such that it may have a significant environmental impact, including exposure of workers or the general public to levels of RF radiation exceeding identified health and safety guidelines issued by the American National Standards Institute?

☐ Yes ☒ No

NOTE: Licensees of FM translator stations transmitting with an effective radiated power (ERP) of 100 watts or less are not subject to the RF radiation requirements of 47 C.F.R. Section 1.1307(b).

If Yes, attach as an Exhibit an Environmental Assessment, as required by 47 C.F.R. Section 1.1311.

If No, explain briefly why not.

Exhibit No.

☒ Explanation attached


FM 105 FM 102 AM 620
K-WAVE • KPEN • KGTL RADIO
Contemporary Hits • Country • Soft Hits
Homer ~ Kenai-Soldotna ~ Seward ~ Kodiak

SEPTEMBER 25, 1997

FCC 303-S SECTION II

QUESTION #6 - EXPLANATION

I have examined the Commission's environmental requirements in 47 C.F.R. Section 1.1307 as outlined in Appendix C to the License Renewal Booklet. Based on my completion of the worksheets therein, I have determined that operation of my facilities will not have a significant environmental impact as defined by Section 1.1307, which includes consideration of the exposure of workers or the general public to levels of radio frequency radiation exceeding identified guidelines issued by the American National Standards Institute.



DAVID F. BECKER, PRESIDENT

Peninsula Communications, Inc.
P.O. Box 109 • Homer, AK 99603 • FAX 235-6683
(907)235-6000 • 262-6000 • 224-6000 • 486-6000

SECTION IV : TO BE COMPLETED BY FM TRANSLATOR, TV TRANSLATOR and LPTV APPLICANTS ONLY

Is the applicant's station currently operating and rebroadcasting the signal of an FM, TV or LPTV station?

☒ Yes ☐ No

If Yes, identify the station being rebroadcast:

Call Sign	Channel No.	City of License/Area Served
KWVV-FM	278	HOMER, ALASKA

If No, attach as an Exhibit a statement of explanation, including the steps the applicant intends to take to resume operations.

Exhibit No.

2. Is the station being rebroadcast licensed to either the applicant or a commonly controlled entity?

☒ Yes ☐ No

If No, has the required retransmission consent been obtained?

☐ Yes ☐ No

If No, attach as an Exhibit an explanation.

Exhibit No.

3. Is the station being rebroadcast the same station as previously notified?

☒ Yes ☐ No

If No, attach as an Exhibit an explanation, including an identification of the station that was previously rebroadcast.

Exhibit No.

4. FOR LOW POWER TV APPLICANTS ONLY:

Have the Broadcast Station Annual Employment Reports (FCC Form 395-B) been filed with the Commission as required by 47 C.F.R. Section 73.3612?

☐ Yes ☐ No

If No, attach as an Exhibit an explanation.

Exhibit No.

5. FOR FM TRANSLATOR APPLICANTS ONLY:

(a) Is the applicant in compliance with 47 C.F.R. Section 74.1232(d) which prohibits the common ownership of a commercial primary station and an FM translator station whose coverage contour extends beyond the protected contour of the commercial primary station being rebroadcast? This restriction also applies to any person or entity having any interest in, or any connection with, the primary FM station.

☐ Yes ☒ No

If No, attach as an Exhibit an explanation.

Exhibit No.

(b) Is the applicant in compliance with 47 C.F.R. Section 74.1232(e) which prohibits an FM translator station whose coverage contour extends beyond the protected contour of the commercial primary station being rebroadcast from receiving any support (except for specified technical assistance), before, during or after construction, directly or indirectly, from the primary station or any person or entity having any interest in, or any connection with, the primary station?

☐ Yes ☒ No

If No, attach as an Exhibit an explanation.

Exhibit No.

SECTION V: TO BE COMPLETED BY ALL APPLICANTS**FOR AM, FM OR TV APPLICANTS ONLY:** Applicant has attached Sections I, II, III, and V only.☐ Yes ☐ No**FOR FM TRANSLATOR, TV TRANSLATOR OR LPTV APPLICANTS ONLY:** Applicant has attached Sections I, II, IV and V only.☒ Yes ☐ No**FOR CO-OWNED TRANSLATOR AND PRIMARY STATION APPLICANTS ONLY:** Applicant has attached Sections I, II, III, IV and V.☐ Yes ☐ No

The APPLICANT hereby waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and requests an authorization in accordance with this application. (See Section 304 of the Communications Act of 1934, as amended.)

The APPLICANT acknowledges that all the statements made in this application and attached exhibits are considered material representations and that all the exhibits are a material part hereof and are incorporated herein as set out in full in the application.

CERTIFICATION

1. By checking Yes, the applicant certifies, that, in the case of an individual applicant, he or she is not subject to a denial of federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Section 862, or, in the case of a non-individual applicant (e.g., corporation, partnership or other unincorporated association), no party to the application is subject to a denial of federal benefits that includes FCC benefits pursuant to that section. For the definition of a "party" for these purposes, see 47 C.F.R. Section 1.2002(b).

☒ Yes ☐ No

2. I certify that the statements in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

Name DAVID F. BECKER	Signature <i>David F Becker</i>
Title PRESIDENT	Date SEPTEMBER 25, 1997

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FOREFETURE (U.S. CODE, TITLE 47, SECTION 503))

EXHIBIT NO. 1

The applicant has an application pending before the Commission to assign the license for this translator to Coastal Broadcast Communications, Inc. See FCC File BALFT-970701TX. Accordingly, the applicant is proposing to divest the ownership of this translator and to bring the ownership thereof into compliance with the Commission's rules and policies.

SOUTHMAYD & MILLER

AUDIO SERV
DIVISION

1220 Nineteenth Street, N.W.
Suite 400
Washington, D.C. 20036
Telephone (202) 331-4100
Telecopier (202) 331-4123

November 22, 1995

951124UT

Federal Communications Commission
Mass Media Services
P.O. Box 358195
Pittsburgh, Pennsylvania 15251-5195

Dear Sirs;

Transmitted herewith, in triplicate, on behalf of Peninsula Communications, Inc. are FCC Form 303-S applications seeking license renewal for the following FM translators:

K257DB, Anchor Point/Seldovia, Alaska
K272CN, Homer, Alaska
K272DG, Seward, Alaska
K274AB, Kodiak, Alaska
K265CK, Kachemak City, Alaska
K285AA, Kodiak, Alaska
K285DU, Homer, Alaska
K285EF, Kenai, Alaska
K292ED, Kachemak City, Alaska
K285EG, Seward, Alaska
K283AB, Soldotna, Alaska

The application is accompanied by a check in the amount of \$495.00 in payment of the application processing fee and a four page FCC Form 159 Fee Remittance Advice.

Please contact the undersigned should you have any questions regarding this matter.

Very truly yours,

Peninsula Communications, Inc.

By: 

Jeffrey D. Southmayd

Its Attorney

Enclosures

FOR
FCC
USE
ONLY

FCC 303-S
APPLICATION FOR
RENEWAL OF LICENSE
FOR AM, FM, TV,
TRANSLATOR OR
LPTV STATION

FOR COMMISSION USE ONLY

FILE NO.

951124UT

AM, FM and TV APPLICANTS MUST COMPLETE AND SUBMIT SECTIONS I, II, III AND V ONLY.

FM TRANSLATOR, TV TRANSLATOR and LPTV APPLICANTS MUST COMPLETE AND SUBMIT SECTIONS I, II, IV AND V ONLY.

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SECTION I (FEE INFORMATION) - TO BE COMPLETED BY ALL APPLICANTS

1. PAYOR NAME (Last, First, Middle Initial)

Peninsula Communications, Inc.

MAILING ADDRESS (Line 1) (Maximum 35 characters)

P.O. Box 109

MAILING ADDRESS (Line 2) (Maximum 35 characters)

CITY

Homer

STATE OR COUNTRY (if foreign address)

AK.

ZIP CODE

99603-0109

TELEPHONE NUMBER (include area code)

(907)-235-6000

CALL LETTERS

K285EF

OTHER FCC IDENTIFIER (IF APPLICABLE)

2. A. Is a fee submitted with this application?



Yes



No

B. If No, indicate reason for fee exemption (see 47 C.F.R. Section 1.1112):



Governmental Entity



Noncommercial educational licensee



Other (Please explain):

C. If Yes, provide the following information:

Enter in Column (A) the correct Fee Type Code for the service you are applying for. Fee Type Codes may be found in the "Mass Media Services Fee Filing Guide." Column (B) lists the Fee Multiple applicable for this application. Enter in Column (C) the result obtained from multiplying the value of the Fee Type Code in Column (A) by the number listed in Column (B).

(A)	(B)	(C)								
FEE TYPE CODE	FEE MULTIPLE (if required)	FEE DUE FOR FEE TYPE CODE IN COLUMN (A)	FOR FCC USE ONLY							
(1) <table border="1"> <tr> <td>M</td> <td>A</td> <td>F</td> </tr> </table>	M	A	F	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>					\$ 45.00	
M	A	F								

To be used only when you are requesting concurrent actions which result in a requirement to list more than one Fee Type Code.

(A)	(B)	(C)								
			FOR FCC USE ONLY							
(2) <table border="1"> <tr> <td></td> <td></td> <td></td> </tr> </table>				<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>					\$	

ADD ALL AMOUNTS SHOWN IN COLUMN C, LINES (1) AND (2), AND ENTER THE TOTAL HERE.
THIS AMOUNT SHOULD EQUAL YOUR ENCLOSED REMITTANCE.

TOTAL AMOUNT
REMITTED WITH THIS
APPLICATION

\$ 45.00

FOR FCC USE ONLY

SECTION II - TO BE COMPLETED BY ALL APPLICANTS

1 NAME OF LICENSEE OF AM, FM OR TV STATION	NAME OF LICENSEE OF FM OR TV TRANSLATOR OR LOW POWER TV STATION Peninsula Communications, Inc.	
MAILING ADDRESS P.O. Box 109		
CITY Homer	STATE AK.	ZIP CODE 99603-0109

2. This application is for: ☒ Commercial ☐ Noncommercial

(a) ☐ AM ☐ FM ☐ TV

Call Letters	Community of License	
	City	State

(b) ☒ FM Translator ☐ TV Translator ☐ Low Power TV

Call Letters K285EF	Area Licensed to Serve	
	City Kenai	State AK.

Call Letters	Area Licensed to Serve	
	City	State

3. Attach as an Exhibit an identification of any FM booster or TV booster station for which renewal of license is also requested.

Exhibit No.

4. Is the applicant in compliance with the provisions of Section 310 of the Communications Act of 1934, as amended, relating to interests of aliens and foreign governments?

☒ Yes ☐ No

If No, attach as an Exhibit an explanation.

Exhibit No.

5. Since the filing of the applicant's last renewal application or any other application for the subject station(s), has an adverse finding been made or final action been taken by any court or administrative body with respect to the applicant or parties to the application in a civil or criminal proceeding, brought under the provisions of any law relating to the following: any felony; mass media related antitrust or unfair competition; fraudulent statements to another governmental unit; or discrimination?

☐ Yes ☒ No

If the answer is Yes, attach as an Exhibit a full disclosure concerning the persons and matters involved, including an identification of the court or administrative body and the proceeding (by dates and file numbers), and the disposition of the litigation. Where the requisite information has been earlier disclosed in connection with another application or as required by 47 U.S.C. Section 1.65(c), the applicant need only provide: (i) an identification of that previous submission by reference to the file number in the case of an application, the call letters of the station regarding which the application or Section 1.65 information was filed, and the date of filing; and (ii) the disposition of the previously reported matter.

Exhibit No.

6. Would a Commission grant of this application come within 47 C.F.R. Section 1.1307, such that it may have a significant environmental impact, including exposure of workers or the general public to levels of RF radiation exceeding identified health and safety guidelines issued by the American National Standards Institute?

☐ Yes ☒ No

NOTE: Licensees of FM translator stations transmitting with an effective radiated power (ERP) of 100 watts or less are not subject to the RF radiation requirements of 47 C.F.R. Section 1.1307(b).

If Yes, attach as an Exhibit an Environmental Assessment, as required by 47 C.F.R. Section 1.1311.

Exhibit No.

If No, explain briefly why not.

☐ Explanation

I have examined the Commission's environmental requirements in 47 C.F.R. Section 1.1307 as outlined in Appendix C to the License Renewal Booklet. Based on my completion of the worksheets therein, I have determined that operation of my facilities will not have a significant environmental impact as defined by Section 1.1307, which includes consideration of the exposure of workers or the general public to levels of Radio Frequency radiation exceeding identified guidelines issued by the American National Standards Institute.

SECTION IV : TO BE COMPLETED BY FM TRANSLATOR, TV TRANSLATOR and LPTV APPLICANTS ONLY

1. Is the applicant's station currently operating and rebroadcasting the signal of an FM, TV or LPTV station?

☒ Yes ☐ No

If Yes, identify the station being rebroadcast:

Call Sign	Channel No.	City of License/Area Served
KWVV	278	Homer, AK

If No, attach as an Exhibit a statement of explanation, including the steps the applicant intends to take to resume operations.

Exhibit No.

2. Is the station being rebroadcast licensed to either the applicant or a commonly controlled entity?

☒ Yes ☐ No

If No, has the required retransmission consent been obtained?

☐ Yes ☐ No

If No, attach as an Exhibit an explanation.

Exhibit No.

3. Is the station being rebroadcast the same station as previously notified?

☒ Yes ☐ No

If No, attach as an Exhibit an explanation, including an identification of the station that was previously rebroadcast.

Exhibit No.

4. FOR LOW POWER TV APPLICANTS ONLY:

Have the Broadcast Station Annual Employment Reports (FCC Form 395-B) been filed with the Commission as required by 47 C.F.R. Section 73.3612?

☐ Yes ☐ No

If No, attach as an Exhibit an explanation.

Exhibit No.

5. FOR FM TRANSLATOR APPLICANTS ONLY:

(a) Is the applicant in compliance with 47 C.F.R. Section 74.1232(d) which prohibits the common ownership of a commercial primary station and an FM translator station whose coverage contour extends beyond the protected contour of the commercial primary station being rebroadcast? This restriction also applies to any person or entity having any interest in, or any connection with, the primary FM station.

☒ Yes ☐ No

If No, attach as an Exhibit an explanation.

Exhibit No.
1

(b) Is the applicant in compliance with 47 C.F.R. Section 74.1232(e) which prohibits an FM translator station whose coverage contour extends beyond the protected contour of the commercial primary station being rebroadcast from receiving any support (except for specified technical assistance), before, during or after construction, directly or indirectly, from the primary station or any person or entity having any interest in, or any connection with, the primary station?

☒ Yes ☐ No

If No, attach as an Exhibit an explanation.

Exhibit No.
1

SECTION V: TO BE COMPLETED BY ALL APPLICANTS

FOR AM, FM OR TV APPLICANTS ONLY: Applicant has attached Sections I, II, III, and V only.

☐ Yes ☐ No

FOR FM TRANSLATOR, TV TRANSLATOR OR LPTV APPLICANTS ONLY: Applicant has attached Sections I, II, IV and V only.

☒ Yes ☐ No

FOR CO-OWNED TRANSLATOR AND PRIMARY STATION APPLICANTS ONLY: Applicant has attached Sections I, II, III, IV and V.

☐ Yes ☐ No

The APPLICANT hereby waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and requests an authorization in accordance with this application. (See Section 304 of the Communications Act of 1934, as amended.)

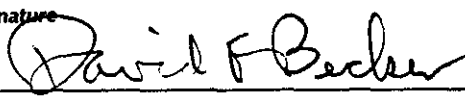
The APPLICANT acknowledges that all the statements made in this application and attached exhibits are considered material representations and that all the exhibits are a material part hereof and are incorporated herein as set out in full in the application.

CERTIFICATION

1. By checking Yes, the applicant certifies, that, in the case of an individual applicant, he or she is not subject to a denial of federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Section 862, or, in the case of a non-individual applicant (e.g., corporation, partnership or other unincorporated association), no party to the application is subject to a denial of federal benefits that includes FCC benefits pursuant to that section. For the definition of a "party" for these purposes, see 47 C.F.R. Section 1.2002(b).

☒ Yes ☐ No

2. I certify that the statements in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

Name David F. Becker	Signature 
Title President	Date September 25, 1995

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503)



FEDERAL COMMUNICATIONS COMMISSION

Washington, D. C. 20554

CHANGE IN OFFICIAL MAILING ADDRESS FOR BROADCAST STATION

Mail to: Federal Communications Commission
Mass Media Bureau
Audio Services Division
Washington, D. C. 20554

1. Licensee's Name:	Peninsula Communications, Inc.
2. Street Address of Post Office Box:	P.O. Box 109
3. City, State, and ZIP Code:	Homer, AK. 99603-0109
4. Call Sign and Type of Service:	K285EF FM Translator

47 C.F.R. Section 1.5 requires a permittee/licensee to keep the Commission informed of any change in mailing address in order that the station may be served documents or other official papers without delay.

Only **one** mailing address can be maintained for each broadcast station.

Due to lack of space the mailing address cannot contain an individual name (unless the licensee is an individual).

FCC 5072
February 1995

EXHIBIT NO. 1

In approving the original construction permit and license for this translator, the Commission granted a request by Peninsula Communications, Inc. for a waiver of Sections 74.1232(d) and (e) of the rules. Peninsula is the licensee of KWVV(FM), Homer, Alaska. KWVV is the station that is rebroadcast on the subject translator. The translator operates outside the protected contour of KWVV. However, Peninsula is authorized by the Commission's waiver of Sections 74.1232(d) and (e) to operate the translator in its present mode.

LICENSE FOR AN
FM BROADCAST TRANSLATOR/BOOSTER STATION

Call Sign: K285EF

Subject to the provisions of the Communications Act of 1934, subsequent acts, and treaties, and all regulations heretofore or hereafter made by this Commission, and further subject to conditions set forth in this license, the licensee is hereby authorized to use and operate the radio transmitting apparatus hereinafter described.

1. Name of Licensee _____: PENINSULA COMMUNICATIONS, INC.
2. License term ending 3 a.m. Local Time _____: APRIL 1, 1996
3. Principal community(ies) to be served _____: KENAI, ALASKA
4. Primary Station _____: KWVV-FM, CHANNEL 278, HOMER, AK
**ALL NAME AND ADDRESS CHANGES
MUST BE FILED IMMEDIATELY WITH
THE FCC CHANGES IN OWNERSHIP
MUST BE APPROVED BY THE FCC
IN ADVANCE A RENEWAL APPLICATION
MUST BE FILED AT LEAST 4 MOS.
BEFORE THIS LICENSE EXPIRES**
5. Via _____: DIRECT
6. Operating assignment _____: Channel No. 285 104.9 MHz
7. Hours of operation _____: Unlimited.
8. Transmitter _____: Type Accepted TEPCO, J-317 + QEI, 675T150 AMPLIFIER
9. Transmitter power output _____: 100 watts (0.072 KW INPUT TO ANTENNA ARRAY)
(0.25 KW ERP, DA MAXIMUM)
10. Transmitting antenna location _____: 36550 KALIFONSKY BEACH ROAD, KENAI, AK
11. North Latitude _____: 60 30 40
West Longitude _____: 151 16 12
12. Transmitting Antenna _____: SCALA, CA5-150EB/CP, THREE, 2-BAY, FIVE ELEMENT
YAGI ARRAYS, ORIENTED 1 VERTICALLY STACKED ARRAY
IN EACH OF 3 AZIMUTHS: 0, 90 & 180 DEGREES
13. Antenna supporting structure _____: SIDE-MOUNTED ON A STEEL TOWER
14. Overall height above ground _____: 98 METERS (108 M=RCAMSL)
15. Main radiation lobe(s) oriented _____: 0, 90, AND 180 DEGREES, TRUE
16. Obstruction marking specifications _____: In accordance with the following paragraphs of FCC Form 715
(attached). 1, 3, 12 and 21
17. Conditions _____: Not Applicable

The Commission reserves the right during said license period of terminating this license or making effective any changes or modification of this license which may be necessary to comply with any decision of the Commission rendered as a result of any hearing held under the rules of the Commission prior to the commencement of this license period or any decision rendered as a result of any such hearing which has been designated but not held, prior to the commencement of this license period.

This license is issued on the licensee's representation that the statements contained in licensee's application are true and that the undertakings therein contained, so far as they are consistent herewith, will be carried out in good faith. The licensee shall, during the terms of this license, render such service as will serve the public interest, convenience, or necessity to the full extent of the privileges herein conferred.

This license shall not vest in the licensee any right to operate the station nor any right in the use of the frequencies designated in the license beyond the term hereof, nor in any other manner than authorized herein. Neither the license nor the rights herein granted shall be transferred, assigned, or in any manner either voluntarily or involuntarily disposed of, or indirectly by transfer of control of the licensee, if a corporation, to any person without the written consent of the Commission. This license is subject to the right of use or control by the Government of the United States conferred by Section 606 of the Communications Act of 1934.

Dated: APRIL 24, 1992

vllj

Chief, Auxiliary Services Branch

FEDERAL
COMMUNICATIONS
COMMISSION



APPLICATION FOR AN

FM TRANSLATOR OR FM BOOSTER STATION LICENSE

Commission Fee Use Only

FEE NO:

FEE TYPE:

FEE AMT:

ID SEQ:

For Applicant Fee Use Only

Is a fee submitted with this application?

☒ Yes ☐ No

If No, indicate reason therefor (check one box):

☐ Nonfeeable application

Fee Exempt (See 47 CFR, Section 1.1112)

☐ Noncommercial educational licensee

☐ Governmental entity

REC'D MASS MED BUR
APR 16 1992
AUXILIARY SERVICES

For Commission Use Only

File No.

BLFT-920410 TE

1. Name of Applicant

PENINSULA COMMUNICATIONS, INC.

Mailing Address

P. O. BOX 109

City

HOMER

State
AK

Zip Code
99603

Telephone No. (include area code)

(907) 235-7551

2. Facilities authorized by construction permit

This application is for: ☒ FM Translator

☐ FM Booster

Call Sign: K 285 EF

Construction permit covered by this application

File Number

BPFT-910513 TF

Date of Construction Permit

Sept. 6, 1991

Construction began

January 10, 1992

Construction completed

April 4, 1992

Is the station now in satisfactory operating condition and ready for regular operation?

☒ Yes ☐ No

If No, explain in attached Exhibit No. _____

For applicants that are not the licensee of the primary station, has written authority been obtained from the licensee of the station whose programs are to be retransmitted?

☐ Yes ☐ No

Apart from the apparatus constructed, have all the terms, conditions and obligations set forth in the above-described construction permit been fully met?

☒ Yes ☐ No

If No, state exceptions in attached Exhibit No. _____

4. Station Identification

Indicate how station identification will be made:

☐ FSK

☒ By Primary Station

☐ Amplitude Modulation of FM Aural Carrier

☐ Not Required

☐ Other (Specify)

If identification will be made by primary station, is current information on file with the primary station as to your call letters, exact location of your station, and the name, address and telephone number of the person to be contacted in an emergency to suspend operation of the translator?

☒ Yes ☐ No

5. Facilities authorized in construction permit.

a. Output Channel No. 285 /	Community or Communities being served: to be served: KENAI / State: ALASKA	Primary Station: Call: KWVV-FM City: HOMER State: ALASKA
b. Translator Input Channel No. or Call 278 / KWVV-FM		
Transmitter Power Output 100 / W		

6. Transmitter location

City KENAI	County KENAI PENINSULA BOROUGH	State ALASKA
Address or other description of location 36550 KALIFONSKY BEACH ROAD, KENAI, ALASKA		Geographical coordinates of transmitting antenna to nearest second North Latitude West Longitude 60 ° 30 ' 40 " 151 ° 16 ' 12 "

7. Does the apparatus constructed, the transmitter location, or mode of operation differ from that described in the application for construction permit or in the permit issued by the Commission? ☐ Yes ☒ No

If "Yes," describe in detail, by attaching Exhibit No. _____, the nature of the changes, particularly with regard to type of transmitter, transmitting antenna, antenna orientation, transmission line, or increase in overall height above ground in meters of either the transmitting or receiving antenna structure. Show recomputation of effective radiated power resulting from any such changes.

8. If antenna obstruction painting and lighting specifications were made a part of the construction permit, have these been installed as prescribed and in proper working order? ☒ Yes ☐ No

☐ Not Required

If "No," explain in attached Exhibit No. _____

9. Give name, address, ZIP Code, and telephone number of person(s) to contact if transmitter must be turned off in event of emergency:

David F. Becker P. O. BOX 109, Homer, Alaska 99603 (907) 235-7551

10. The applicant certifies that it will comply with applicable station identification rules. See 47 C.F.R. Sections 73.1201 and 74.1283. ☒ Yes ☐ No


The APPLICANT hereby waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and requests an authorization in accordance with this application. (See Section 304 of the Communications Act of 1934).

The APPLICANT represents that this application is not filed for the purpose of impeding, obstructing, or delaying determination on any other application with which it may be in conflict.

The APPLICANT acknowledges that all the statements made in this application and attached exhibits are considered material representations, and that all exhibits are a material part hereof and are incorporated herein as if set out in full in the application.

CERTIFICATION

I certify that the statements in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

Name of Applicant PENINSULA COMMUNICATIONS, INC,	Signature  David F. Becker
Title President - David F. Becker	Date April 4, 1992
Telephone (include area code)	

**WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND IMPRISONMENT.
U.S. CODE, TITLE 18, SECTION 1001.**

United States of America
FEDERAL COMMUNICATIONS COMMISSION

File No. BPFT-910513 TF

CONSTRUCTION PERMIT

Call Sign K 285 EF

FM BROADCAST TRANSLATOR/BOOSTER STATION

Subject to the provisions of the Communications Act of 1934, subsequent acts, and treaties, and all regulations heretofore or hereafter made by this Commission, and further subject to conditions set forth in this permit, the permittee is hereby authorized to construct a station hereinafter described.

1. Name of Permittee _____: PENINSULA COMMUNICATIONS, INC.
2. Principal community(ies) to be served _____: Kenai, Alaska
3. Primary Station _____: KWVV-FM, Channel 278; Homer, AK
4. Via _____: Direct
5. Operating assignment _____: Channel No. 285 104.9 MHz
6. Hours of operation _____: Unlimited.
7. Transmitter _____: Type Accepted Tepco, J-317 + QEI, 675T150 Amplifier
8. Transmitter power output _____: 100 watts (0.072 KW input to antenna array)
(0.25 KW ERP; DA maximum)
9. Transmitting antenna location _____: 36550 Kalifonsky Beach Road, Kenai, AK
- North Latitude _____: 60° 30' 40"
West Longitude _____: 151° 16' 12"
11. Transmitting Antenna _____: Scala, CA5-150EB/CP, three, 2-bay, five element yagi arrays, oriented 1 vertically stacked array in each of 3 azimuths: 0, 90 & 180 degrees.
12. Antenna supporting structure _____: side-mounted on a steel tower.
13. Overall height above ground _____: 98 meters (108 M=RCMSL)
14. Main radiation lobe(s) oriented _____: 0, 90, and 180 degrees, True
15. Obstruction marking specifications _____: In accordance with the following paragraphs of FCC Form 715 (attached): 1, 3, 12 and 21
16. Conditions _____: Not Applicable
17. Date of required completion of construction _____: MARCH 6, 1993

This permit DOES NOT AUTHORIZE OPERATION OF THE FACILITIES SPECIFIED HEREIN except for the conduct of EQUIPMENT TESTS pursuant to Section 74.13 of the Commission's Rules.

This permit shall be automatically forfeited if the station is not ready for operation within the time specified or within such further time as the Commission may allow for good cause shown.

Dated: SEPTEMBER 6, 1991

Chief, Auxiliary Services Branch

FEDERAL
COMMUNICATIONS
COMMISSION



SOUTHMAYD SIMPSON & MILLER

P O Box 59711
Potomac, Maryland 20859
Telephone (301) 417-0635
Telecopier (301) 977-2362

1233 Twentieth Street N.W.
Second Floor
Washington, D.C. 20036
Telephone (202) 331-4100
Telecopier (202) 331-4123

May 6, 1991

Ms. Donna R. Searcy
Secretary
Federal Communications Commission
1919 M Street, N.W.
Washington, D.C. 20554

Dear Ms. Searcy;

Transmitted herewith, in triplicate, on behalf of Peninsula Communications, Inc. is an FCC Form 349 application for a new FM translator on Channel 285 at Kenai, Alaska. The application is accompanied by a check in the amount of \$425.00 in payment of the application processing fee.

The Applicant is aware that there is a freeze on the filing of applications proposing new FM translators or major changes in the facilities of existing translators pursuant to Report And Order in MM Docket No. 88-140, 5 FCC Rcd 7212 (1990). This freeze will not presently be lifted until June 1, 1991 pursuant to the Commission's Order, DA 91-455 (released April 22, 1991).

Peninsula hereby respectfully requests a waiver of the Commission's rules and policies to allow for the filing and acceptance of this application in advance of the lifting of the freeze. The application proposes a new FM translator facility to serve Kenai, Alaska. Because of the limited construction season in the State of Alaska it is imperative that the Commission begin the processing of the application as soon as possible in order for construction on the station to commence prior to the on-set of Winter.

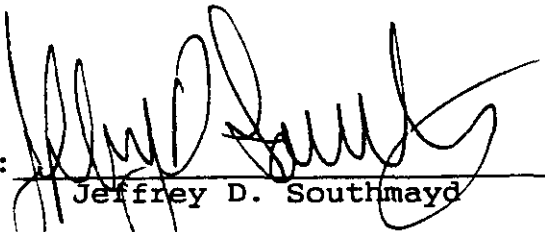
The Commission has long recognized the need for additional broadcast services in the State of Alaska. This need has evolved into a policy of granting liberal waivers of the Commission's broadcast rules, including in the context of applications for new FM translators and major changes in facilities of existing stations. See, Wrangell Radio Group, 75 FCC 2d 404 (1979). This policy has become known as the "Alaska Exception" for FM translator applications.

Letter to Ms. Donna R. Searcy
May 6, 1991
Page 2

Peninsula respectfully requests that its subject application be accepted for filing and processed in advance of the lifting of the FM translator application "freeze" under this policy. The public interest will be served by such a waiver in that it will allow Peninsula to build the requested FM translator at the earliest possible time and expeditiously increase the broadcast services in the State of Alaska. Without a grant of the requested waiver it is doubtful that Peninsula will be able to build the subject FM translator until the Summer of 1992, with a corresponding loss of service to the public in the State of Alaska.

Very truly yours,

Peninsula Communications, Inc.

By: 
Jeffrey D. Southmayd
Its Attorney

**APPLICATION FOR AUTHORITY TO CONSTRUCT OR
MAKE CHANGES IN AN FM TRANSLATOR OR FM BOOSTER STATION**
(Carefully read instructions before filling out form - RETURN ONLY FORM TO FCC)

For <u>Commission</u> Fee Use Only	FEE NO:	For <u>Applicant</u> Fee Use Only Is a fee submitted with this application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, indicate reason therefor (check one box). <input type="checkbox"/> Nonfeeable application Fee Exempt (See 47 C.F.R. Section 1.1112) <input type="checkbox"/> Noncommercial educational licensee <input type="checkbox"/> Governmental entity
	FEE TYPE:	
	FEE AMT:	
	ID SEQ:	

SECTION I - GENERAL INFORMATION

For Commission Use Only

BPF-T-910513 TF

File No.

1. Name of Applicant PENINSULA COMMUNICATIONS, INC.	Address P. O. BOX 103		
	City HOMER	State AK	ZIP Code 99603
	Telephone No. (include area code) (907) 235-7551		

2. This application is for: (check one box)

☒ FM Translator☐ FM Booster

A. Channel No.	B. Community of license:	
285	City KENAI	State AK

C. Check one of the following boxes:

☒ NEW Station
☐ MODIFICATION of Construction Permit (CP)
(Check this box only if CP is not covered by an operating license)

File No. of Construction Permit: _____

☐ MAJOR CHANGE in licensed facilities; call sign: _____

☐ MINOR CHANGE in licensed facilities; call sign: _____

☐ AMENDMENT of pending application

Application Reference No. _____

REC'D MASS MED BUR
MAY 10 1991
AUXILIARY SERVICES

For amendments to a previously filed application, submit only Section I and those portions of the form that contain the amended information.

3 (a) To the applicant's knowledge, is this application mutually exclusive with a renewal application?

☐ Yes ☒ No

(b) To the applicant's knowledge, is this application mutually exclusive with another application(s)?

☐ Yes ☒ No

If the answer to question 3(a) or 3(b) is Yes, state the following information:

Call letters or File No.	Community of License	
	City	State
(a)		
(b)		

SECTION II - ENGINEERING DATA AND ANTENNA AND SITE INFORMATION

** SEE EXHIBIT A-1

1. Facilities requested:

(a) Output Channel No.	Transmitter Rated Power Output **	Proposed Community(ies) to be served	
285	100 Watts W	City KENAI	State AK

(b) Frequency 104.9 MHz ***SEE EXHIBIT A-2

Primary station (station to be rebroadcast)			
Call Sign KWVV-FM	City HOMER	State AK	Frequency 103.5 MHz

(c) Input Channel Frequency No. 278 Input Channel Frequency MHz 103.5
 If station is to operate via another translator station, indicate call sign and location of final intermediate translator.

Call Sign _____ Location _____

2. Proposed transmitting antenna location:

City KENAI	State AK	County KENAI PENINSULA BOROUGH
Address or other description of location: 36550 KALIFONSKY BEACH ROAD KENAI, ALASKA		Geographical coordinates of transmitting antenna to nearest second North Latitude <u>60</u> . <u>30</u> . <u>40</u> . West Longitude <u>151</u> . <u>16</u> . <u>12</u> .

Attach as an Exhibit a map or maps (preferably topographic, if obtainable, such as Geological Survey quadrangles) of the area of the proposed transmitting antenna location shown drawn thereon the following data:

Exhibit No.
A-3

- a. Scale of kilometers _____
 b. Proposed transmitting antenna location accurately plotted.

3. Transmitter:	Make QEI CORP. (AMPLIFIER) TEPCO CORP.	Type No. 675T150A Robt. Jones J317	Output Power P 100 Watts 10 " kilowatts
4. Transmission line:	Cablewave	FCC78-50J	Length 110 meters Rated efficiency E for length given (decimal fraction) 0.72

5. Transmitting antenna ☐ Directional 100 29 15 ☒ SEE EXHIBIT A-4
 "off-the-shelf" 1 3 12 21 Directional Composite (Multiple Antennas) ☐ Non-Directional
 (Submit manufacturer's patterns)

Manufacturer SCALA ELECTRONIC CORP.		Model SCALA CA5-150EB/CP		Description ¹ 3ea-2 Bays Vert. stack 5 ele. Yagi's Circ. Polar
Orientation of main lobe ² 0°, 90° & 180°	Overall structure height above ground ³ 109.178 97.5 meters	Elevation of Site ⁴ 12.19 meters	Power gain G (multiplier) in lobe of maximum radiation relative to a halfwave dipole ⁵ 5.5 dB (3.50)	

Effective radiated power (ERP) (ERP=P X E X G) 0.25 kilowatts
 Height of antenna radiation center above above mean sea level 108.2 meters

1 Give basic type using general descriptive terms such as half-wave dipole, bow-tie with Screen, corner reflector, 10 element Yagi, 4 element in-phase array, two stacked 5 element Yagis, etc.

2 Show the direction of the main radiation lobe in degrees with respect to true north in a 360 degree horizontal azimuth, numbered clockwise, with true north as zero azimuth.

3 Show height to topmost portion of structure in meters, including highest top mounted antenna and beacon if any

4 Show the ground elevation above mean sea level in meters at the base of the transmitting antenna supporting structure.

5 Give the actual power gain toward the radio horizon.

6. Attach as an Exhibit a vertical plan sketch for the proposed total structure(s), including supporting structure(s), giving height of center of radiation above ground, overall height of structure above ground, including lighting beacon (if any) and height above mean sea level in meters for all significant features for BOTH RECEIVING AND TRANSMITTING ANTENNAS. Also indicate any horizontal separation between receiving and transmitting antennas.

Exhibit No
A-5

Will the proposed antenna supporting structure be shared with an AM radio station?

☐ Yes ☒ No

If yes, list the call signs and class of such stations.

NOTE: PROPOSED FM TRANSLATOR STATION WILL SHARE THE TOWER OF KPEN-FM. APPLICANT IS ALSO LICENSEE OF KPEN-FM. TOWER IS ALSO USED TO SUPPORT FM TRANSLATOR ANTENNAS FM TRANSLATOR "K237CI" LICENSED TO ALASKA VILLAGE MISSIONS, INC., HOMER, AK.

8. Attach as an Exhibit a polar diagram of the radiation pattern (relative field) in the horizontal plane of the transmitting antenna showing clearly the correct relationship between the major lobe or lobes and the minor lobes of radiation and a tabulation of the pattern at every ten degrees and all maxima and minima. Applicants proposing use of multiple transmitting antennas shall submit a composite radiation pattern. If a non-directional transmitting antenna will be employed, i.e., an antenna with an approximately circular radiation pattern, check here ☐ and omit polar diagram and tabulation. If the antenna manufacturer and model number are on the Commission's list of common "off-the-shelf" directional antennas, check here ☐ and omit polar diagram and tabulation.

Exhibit No
A-4

9. Are there any terrain features between the proposed transmitting site and the community to be served which would interfere with line-of-sight transmission to any part of the principal community?

☐ Yes ☒ No

If the answer is "Yes", attach as an Exhibit a description of the extent of the area affected.

Exhibit No.
N/A

10. Is the area to be served by the booster within its primary station's predicted 1 mV/m contour?

☐ Yes ☐ No

Submit as an Exhibit a map showing the primary station's predicted 1 mV/m contour. If the primary station is authorized with facilities in excess of those specified by Section 73.211 of the Commission's Rules, see Note to 47 C.F.R. 74.1231(h).

Exhibit No
N/A

11. For booster station applicants only, attach as an Exhibit a map (Sectional Aeronautical Chart or equivalent) that shows clearly, legibly, and accurately, and with latitude and longitude markings and a scale of distance in kilometers:

Exhibit No
N/A

(a) The proposed booster 1 mV/m contour; and

(b) the 1 mV/m contour of the licensed main facility with which the applied-for facility will be used.

12. For booster station applicants only, supply terrain and coverage data (to be calculated in accordance with 47 C.F.R. Section 73.313)

Source of terrain data: (check only one box below)

☐ Linearly Interpolated 30-second database (Source _____)

☐ 7.5 minute topographic map

☐ Other (briefly summarize)

Radial bearing (degrees True)	*	0	45	90	135	180	225	270	315
Height of radiation center above average elevation of radial from 3 to 16 km (meters)									
Predicted Distances to the 1 mV/m contour (kilometers)									

*Radial through principal community, if not one of the major radials. This radial should NOT be included in calculation of HAAT

- 13 Has FAA been notified of proposed construction? (To be mounted on existing 320 ft tower) ☐ Yes ☒ No
 If Yes, give date and office where notice was filed: _____

Environmental Statement (See 47 C.F.R. Section 1.1301 et seq)

Would a Commission grant of this application come within 47 C.F.R. 1.1307, such that it may have a significant environmental impact, including exposure to workers or the general public to harmful nonionizing radiation levels? ☐ Yes ☒ No

If you answer Yes, submit as an Exhibit an Environmental Assessment as required by Section 1.1311. Exhibit No. N/A
 If no, explain briefly why not. Translator antennas to be mounted on existing tower. Power levels are less than 0.5 KW with 2 bays. ANSI guidelines specify 4.1 Meters (worse case) vertical height. Our antennas will exceed minimum height by 91.9 meters (301.5 ft)

- 15 Unattended operation:
 Is unattended operation proposed? ☒ Yes ☐ No

(a) If Yes, and this application is for authority to construct a new station or to make changes in the facilities of an authorized station which proposes unattended operation for the first time, applicant must comply with the requirements of 47 C.F.R. Section 74.1234 (FM Translators) concerning unattended operation. ☒ Yes ☐ No

(b) In the space below state the name, address and telephone number of a person or persons who may be contacted in an emergency to suspend operation of the translator should such action be deemed necessary by the Commission.

Name	Address (street or other description)	City	State	Telephone No. (include area code)
David F. Becker	P. O. BOX 103	Homer	AK	(907) 235-7551

Is type approved broadcast equipment being specified? ☒ Yes ☐ No

If No, indicate date equipment was submitted to FCC Laboratory for approval. _____

I certify that I represent the applicant in the capacity indicated below and that I have examined the foregoing statement of technical information and that it is true to the best of my knowledge and belief.

April 8, 1991

Date

Signature <i>David F Becker</i>
Typed or Printed Name David F. Becker
Telephone No. (include area code) (907) 235-7551

- ☐ Technical Director ☐ Registered Professional Engineer ☐ Consulting Engineer
☒ Chief Operator ☐ Other (specify) _____

NOTE: Applicants for new stations only:

1 Applicant is (check one of the following):

- ☐ Individual ☐ General Partnership ☒ Corporation
☐ Other ☐ Limited Partnership ☐ Unincorporated Association

If the applicant is a legal entity other than an individual, partnership, corporation or unincorporated association, describe in an Exhibit the nature of the applicant.

Exhibit No.
N/A

CITIZENSHIP AND OTHER STATUTORY REQUIREMENTS

2. (a) Is the applicant in compliance with the provisions of Section 310 of the Communications Act of 1934, as amended, relating to interests of aliens and foreign governments?

☒ Yes ☐ No

(b) Will any funds, credit, or other financial assistance for the construction, purchase or operation of the station(s) be provided by aliens, foreign entities, domestic entities controlled by aliens, or their agents?

☐ Yes ☒ No

If Yes, provide particulars as an Exhibit.

Exhibit No.
N/A

3. (a) Has an adverse finding been made, or an adverse final action taken by any court or administrative body as to the applicant or any party to this application in a civil or criminal proceeding brought under the provisions of any law related to the following: any felony; broadcast-related antitrust or unfair competition; criminal fraud or fraud before another governmental unit; or discrimination?

☐ Yes ☒ No

(b) Is there now pending in any court or administrative body any proceeding involving any of the matters referred to in 3(a)?

☐ Yes ☒ No

If the answer to 3(a) or 3(b) is Yes, attach as an Exhibit a full disclosure concerning the persons and matters involved, including an identification of the court or administrative body and the proceeding (by dates and file numbers), a statement of the facts upon which the proceeding was based or the nature of the offense alleged or committed, and a description of the current status or disposition of the matter.

Exhibit No.
N/A

4. Has the applicant or any other party to this application had any interest in:

(a) a broadcast application which has been dismissed with prejudice by the Commission?

☐ Yes ☒ No

(b) a broadcast application which has been denied by the Commission?

☐ Yes ☒ No

(c) a broadcast station, the license for which has been revoked?

☐ Yes ☒ No

(d) a broadcast application in any Commission proceeding which left unresolved character issues against the applicant?

☐ Yes ☒ No

If the answer to any of the questions in 4 is Yes, state in an Exhibit the following:

- (i) Name of party having interest;
(ii) Nature of interest or connection, giving dates;
(iii) Call letters of stations or file number of application or docket number;
(iv) Location.

Exhibit No.
N/A

REAL PARTY IN INTEREST

5 The applicant certifies that no agreement, either explicit or implicit, has been entered into for the purposes of transferring or assigning to another party any station construction permit or license or interest therein that is awarded as a result of a random selection or lottery.

☒ Yes ☐ No

So, this application cannot be accepted for filing. See 47 C.F.R. Section 74.1232.

SECTION IV - CERTIFICATIONS

1. The applicant certifies that sufficient net liquid assets are on hand or are available from committed sources to construct and operate the requested facilities for three months without revenue. ☒ Yes ☐ No

The applicant certifies that: (a) it has a reasonable assurance of a present firm intention for each agreement to furnish capital or purchase capital stock by parties to this application, each loan by banks, financial institutions or others and each purchase of equipment on credit; (b) it can and will meet all contractual requirements as to the collateral, guarantees, and capital investment; (c) it has determined that a reasonable assurance exists that all such (excluding banks, financial institutions and equipment manufacturers) have sufficient net liquid assets to meet these commitments. ☒ Yes ☐ No

Note: If this application is for a change in an operating facility, you DO NOT need to respond to Questions 1 and 2

3. The applicant, if for a new FM translator station, certifies that it has not received any funds, legal or engineering services or anything else of value, directly or indirectly from the licensee or permittee of any FM broadcast station or any person associated with such station. See 47 C.F.R. Section 74.1232. ☒ Yes ☐ No

Exhibit No.
A-6

If Yes, attach as an Exhibit an explanation identifying the source and nature of the financial support or assistance.

4. For applicants proposing translator rebroadcasts who are not the licensee of the primary station, the applicant certifies that written authority has been obtained from the licensee of the station whose programs are to be retransmitted. ☐ Yes ☐ No

Primary station proposed to be rebroadcast:

Call Sign KWVV-FM	City HOMER	State ALASKA	Channel No. 278
----------------------	---------------	-----------------	--------------------

5. The applicant certifies that it has contacted an authorized spokesperson for the owner of the rights to the proposed transmitter site, and has obtained reasonable assurance that the site will be available for its use if this application is granted. ☒ Yes ☐ No

That person can be contacted at the following address and telephone number:

Name DAVID F. BECKER	Mailing Address or Identification P. O. BOX 103		
City HOMER	State AK	ZIP Code 99603	Telephone No. (include area code) (907) 235-7551

6. For new station and major change applications only, the applicant certifies that it has or will comply with the public notice requirements of 47 C.F.R. Section 73.3580. ☒ Yes ☐ No

THE ORIGINAL OF THIS APPLICATION FORM MUST BE SIGNED BY THE APPLICANT. THE REQUIRED COPIES CAN BE CONFORMED. SEE 47 C.F.R. SECTION 73.3513.

The APPLICANT hereby waives any claim to the use of any particular frequency as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and requests an authorization in accordance with this application. (See Section 304 of the Communications Act of 1934, as amended.)

The APPLICANT acknowledges that all statements made in this application and attached exhibits are considered material representations, and that all exhibits are a material part hereof and incorporated herein.

The APPLICANT represents that this application is not filed for the purpose of impeding, obstructing, or delaying determination on any other application with which it may be in conflict.

In accordance with 47 C.F.R. Section 1.65, the APPLICANT has a continuing obligation to advise the Commission, through amendments, of any substantial and significant changes in information furnished.

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND IMPRISONMENT.
U.S. CODE, TITLE 18, SECTION 1001.

I certify that the statements in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith.

Name of Applicant PENINSULA COMMUNICATIONS, INC.	Signature <i>David F. Becker</i>
Title David F. Becker - President	Date April 8, 1991

April 8, 1991

EXHIBIT A-1REQUEST FOR WAIVER OF SECTION 74.1235

Applicant hereby requests a waiver of Section 74.1235 of the Commission Rules, which limits power output to 10 watts. Applicant requests 100 watts TPO to enable wider area coverage. This request is consistent with waivers previously granted other Alaska FM translator stations.....for example:

K237CL	Alaska Village Missions, Inc.	Homer, Alaska
K244CQ	" " "	Kachemak City, Alaska
K237C1	" " "	Kenai, Alaska
K296BH	" " "	Anchor Point, Alaska
K249BY	" " "	Soldotna, Alaska
K285AA	Kodiak Community Church, Inc.	Kodiak, Alaska
K296DC	" " "	Kodiak, Alaska
K272BW	Peninsula Communications, Inc.	Kodiak, Alaska
K228CQ	" " "	Clam Gulch, Alaska
K285CZ	" " "	Stariski Creek, Alaska
K257DB	" " "	Anchor Point, Alaska
K272CN	" " "	Homer, Alaska
K265CK	" " "	Kachemak City, Alaska
K285DT	" " "	Kenai, Alaska
K285DU	" " "	Homer, Alaska
K292ED	" " "	Kachemak City, Alaska
K244CU	Capital Christian Broadcasting	Juneau, Alaska
K261BE	Community Baptist Church, Inc.	Dillingham, Alaska
K252CF	KSRM, INC.	Homer, Alaska

All the above FM translator stations have been authorized 100 watts of transmitter output power in Alaska.

April 8, 1991

EXHIBIT A-2

Applicant (PCI) is currently licensee of FM translator station "K285DT", which is licensed to both Kenai and Soldotna, Alaska. PCI has simultaneously filed with the FCC to change the frequency of K285DT to Channel 283 (104.5 MHz) and license this existing FM translator to Soldotna only. This application is for a new additional FM translator station to serve Kenai, Alaska and to operate on the vacated frequency of K285DT on 104.9 MHz. PCI believes there are no potential problems of frequency interference to other stations and that the proposed change of frequency of K285DT and the addition of this FM translator station on the frequency now utilized by K285DT to serve the same community of Kenai, Alaska is in compliance of Section 74.1202 of FCC Rules.

Peninsula Communications, Inc. currently serves both communities of Kenai and Soldotna, Alaska with FM translator K285DT from a site which favors Soldotna and is far less favorable to Kenai. K285DT is currently located at the ALASCOM RADIO RELAY SITE #17 approximately 3 miles from Soldotna and about 8 miles to Kenai. The signal to Kenai suffers both because of the relatively low output power authorized by an FM translator station (as compared to a full power FM station) and due to splitting power between two communities and compromising antenna gain and directivity to cover a larger geographical area. This change as proposed will allow an individual FM translator to be licensed to serve each individual community with improved service due to an improved signal especially for Kenai and North Kenai (Nikiski), Alaska. This is primarily a result of a much closer antenna site to Kenai, approximately 3 miles due south of the city. The new site proposed in this application will provide good line-of-sight coverage from an existing 320 foot tower. The gain of more than 5 miles in distance will help greatly to improve the FM signal to Kenai under the limitation of relatively low transmitter power. Additionally, both Kenai and North Kenai (Nikiski) will now line up on the the same azimuth heading for antenna orientation (0 Degrees - North).

EXHIBIT A-3 "EXISTING TRANSMITTER SITE"
KPEN-FM Soldotna, Alaska 7/20/90

Site Coordinates
60° 30' 40" N. LAT.
151° 16' 12" W. LONG.

SCALE 1:63,360

CONTOUR INTERVAL 50 FEET

DOTTED LINES REPRESENT 25 FOOT CONTOURS

DATUM IS MEAN SEA LEVEL

DEPTH CURVES IN FEET DATUM IS MEAN LOWER LOW WATER
SHORELINE SHOWN REPRESENTS THE APPROXIMATE LINE OF MEAN HIGH WATER
THE AVERAGE RANGE OF TIDE IS APPROXIMATELY 18 FEET

FOR SALE BY U. S. GEOLOGICAL SURVEY

ALASKA 99701, DENVER, COLORADO 80225, OR WASHINGTON, D. C. 20242
A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE ON REQUEST

ROAD CLASSIFICATION

Medium duty ——— Light duty

Unimproved dirt



QUADRANGLE LOCATION

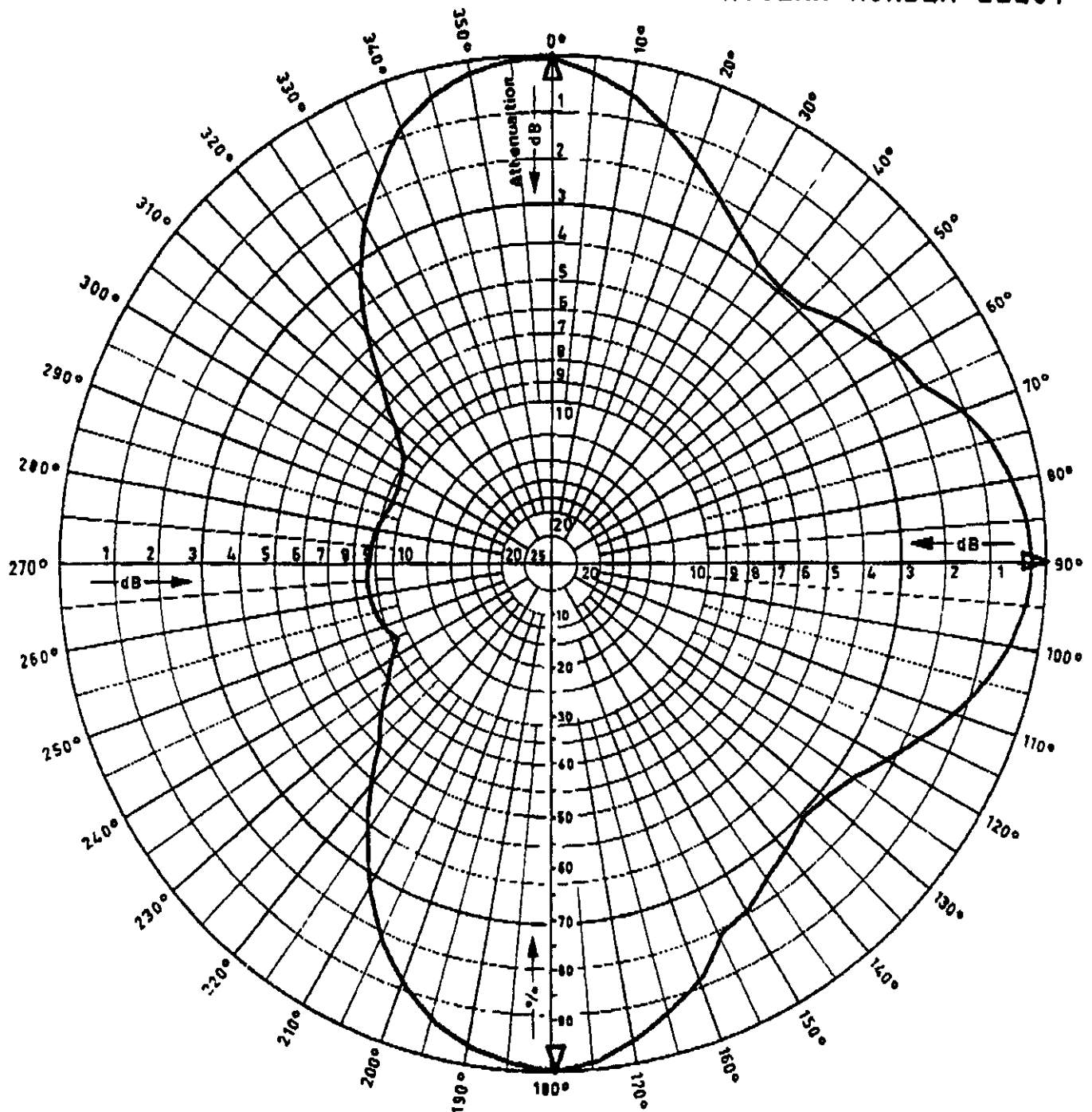
KENAI (C-4), AL
N6030-W15107 5/15

1951

MINOR REVISIONS 1972

JULY 31, 1958

PATTERN NUMBER 22291



SIX SCALA CA5-150EB/CP YAGIS (FM)
ORIENTED 2 EACH AT 0 - 90 - 180 DEGREES
MAXIMUM ARRAY GAIN: 5.5 dBd
POWER GAIN: 3.5
CIRCULAR POLARIZATION
VERTICAL STACK
HORIZONTAL PLANE PATTERN

SCALA
ELECTRONIC CORPORATION

POST OFFICE BOX 4580
MEDFORD, OREGON 97501
(503) 779-8500
TELEX: 151681 SCALA MEF
FAX: (503) 779-3991

EXHIBIT A - 4 (PAGE 1)

JULY 31, 1990

PATTERN NUMBER 22291

AZIMUTH	RELATIVE VOLTAGE	RELATIVE DB	DBD	POWER GAIN
0	0.993	-0.1	5.4	3.467
10	0.932	-0.6	4.9	3.090
20	0.843	-1.5	4.0	2.512
30	0.754	-2.5	3.0	1.995
40	0.714	-2.9	2.6	1.820
50	0.749	-2.5	3.0	1.995
60	0.808	-1.8	3.7	2.344
70	0.880	-1.1	4.4	2.754
80	0.940	-0.5	5.0	3.162
90	0.970	-0.3	5.2	3.311
100	0.940	-0.5	5.0	3.162
110	0.870	-1.2	4.3	2.692
120	0.784	-2.1	3.4	2.188
130	0.722	-2.8	2.7	1.862
140	0.733	-2.7	2.8	1.905
150	0.786	-2.1	3.4	2.188
160	0.868	-1.2	4.3	2.692
170	0.950	-0.4	5.1	3.236
180	1.000	0.0	5.5	3.548
190	0.966	-0.3	5.2	3.311
200	0.883	-1.1	4.4	2.754
210	0.746	-2.5	3.0	1.995
220	0.579	-4.7	0.8	1.202
230	0.457	-6.8	-1.3	0.741
240	0.379	-8.4	-2.9	0.513
250	0.363	-8.8	-3.3	0.468
260	0.378	-8.4	-2.9	0.513
270	0.375	-8.5	-3.0	0.501
280	0.366	-8.7	-3.2	0.479
290	0.346	-9.2	-3.7	0.427
300	0.352	-9.1	-3.6	0.437
310	0.418	-7.6	-2.1	0.617
320	0.589	-4.6	0.9	1.230
330	0.765	-2.3	3.2	2.089
340	0.906	-0.9	4.6	2.884
350	0.974	-0.2	5.3	3.388

Pattern addition example: (Pattern 22291)

I will use 180 deg. azimuth as the example since it is the maximum point on the pattern and will therefore also serve to demonstrate the gain calculation.

Ant.	Orientation	Rel. Volt. @ 180 deg.
1	0	.193
2	0	.193
3	90	.162
4	90	.162
5	180	1.000
6	180	1.000

total		2.710 = +8.659 dB

Pattern addition gain:	+8.659 dB
Base antenna gain:	+6.000 dB

	+14.659 dB
6-way split (loss)	- 7.782 dB

	+6.877 dB
* Harness loss:	- 1.293 dB

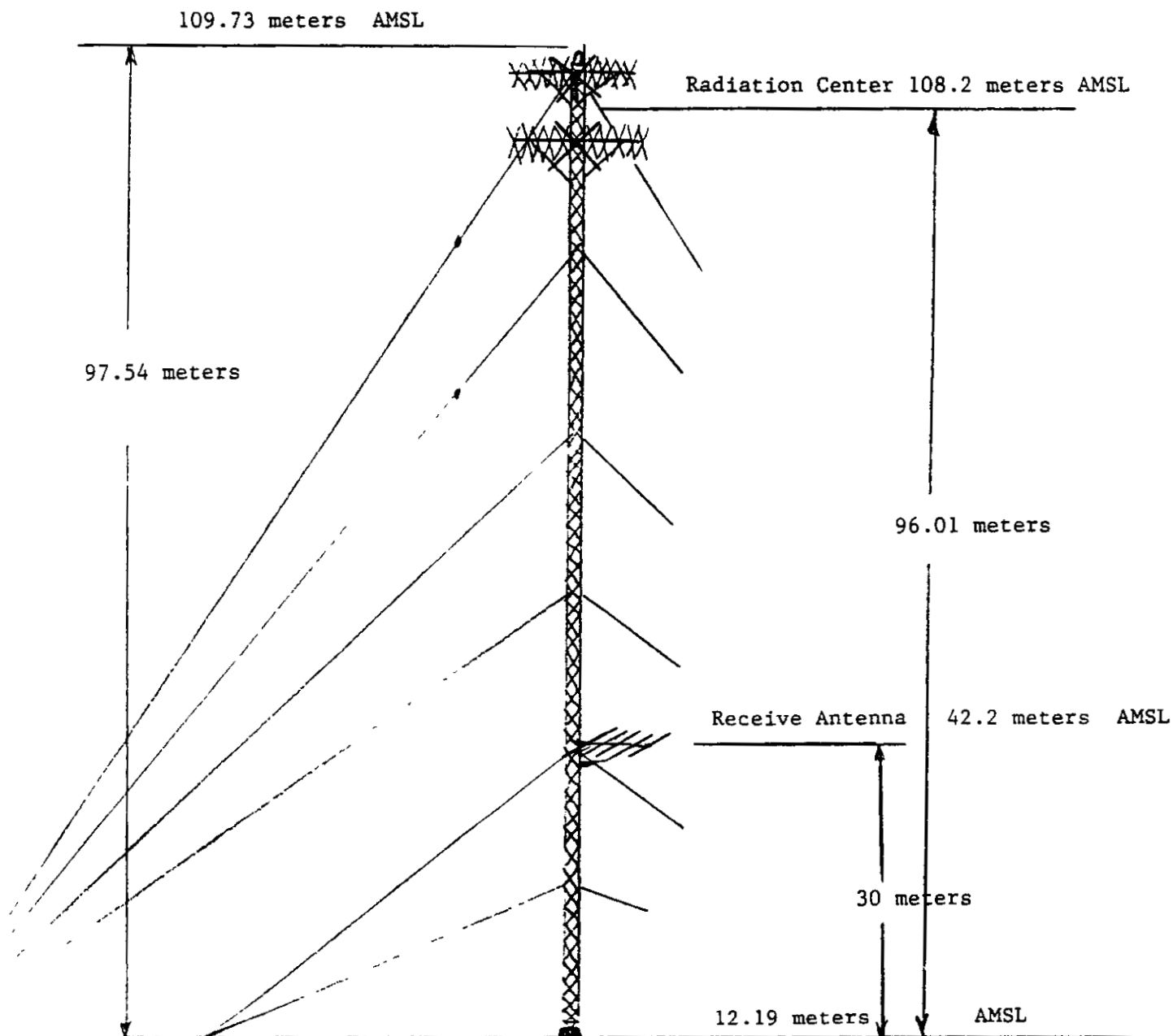
Final array gain:	+5.584 dB

* Harness loss is calculated by this formula:

$$\text{loss(dB)} = .5(\text{dB}) * \text{Log}_2(\text{ Number of antennas })$$

April 8, 1991

EXHIBIT A-5



VERTICAL PLAN SKETCH OF ANTENNAS MOUNTED ON EXISTING ANTENNA TOWER
(NOT TO SCALE)

FCC FORM 349

April 8, 1991

EXHIBIT A - 6

PENINSULA COMMUNICATIONS, INC. IS BOTH THE LICENSEE OF THE
STATION TO BE REBROADCAST (KWVV-FM) AND THE APPLICANT.